# STATEWIDE RESPITE CARE

(Formerly Statewide Respite and Statewide Expansion Respite)

## I. SERVICE DEFINITION

Statewide Respite is a service for Delaware residents which provides at-risk adult persons who are infirmed, disabled, or chronically ill, with the necessary support in the activities of daily living in the absence of the primary caregiver. Respite Care relieves the primary caregiver from 24-hour care of an infirmed person either in the home or by temporary placement in a long-term care/residential facility.

These specifications delineate service for two distinct populations. The level of funding will determine the amount of service allocated to those 60 years of age and older and people with disabilities 18 to 59 years of age.

## II. SERVICE GOAL

The goal of Respite Care is to give caregivers the opportunity for total relief from stress and exhaustion of caring while assuring continuous care for an infirmed person.

## III. SERVICE UNIT

The unit of service for Respite Care may be either hourly or daily depending on the extent and type of service rendered. The provider shall develop three rate schedules, as applicable:

- An hourly rate for in-home respite care.
- A 24-hour rate for in-home respite care given in excess of eight-hour segments.
- A daily rate for institutional setting respite services. Institutional respite is defined as respite provided in a licensed nursing home facility or licensed assisted living facility.
- The number of Respite hours will be determined by the agency during assessments and reassessments and will not exceed 260 hours per client per contract year. Each day of institutional respite counts as 24 hours of service toward the maximum limit of 260 hours per client per contract year.

## IV. SERVICE AREA

The Respite program is available to all infirmed persons within Delaware subject to availability of the service. Providers may apply for sub-areas of the state.

## V. SERVICE STANDARDS

Respite services must meet or exceed the following standards:

- The Agency must meet and comply with all Federal, State and local rules, regulations and standards.

- Agency must be able and willing to provide Respite Care seven (7) days a week with extended hours as needed.

- The agency must be prepared to provide the following service components based on the participant's individualized care plan:
  - Household duties: light cleaning, laundry and meal preparation
  - Personal care, such as: bathing, shampooing, shaving, dressing, toileting
  - Companionship
  - Training/Instruction

- Statewide Respite is a fee-for-service program. Service Providers shall develop a fee schedule that must be approved by the Division and that is reviewed annually and revised, as needed. The Service Provider may request a waiver of the fee on a per client basis. No client will be denied service based on inability to pay.

- At the time of the initial assessment, the cost of the service must be explained to both the caregiver and the client. It should be further explained that these programs require a fee and that all fees collected are used for additional units of program service. A signed agreement should be kept in the client's file. This agreement should be updated annually or upon request of the client.

- Screening of all referrals for service must be completed within five (5) working days of receipt, including identification of possible eligibility for respite care funded from a source other than this program.

- Assessments, reassessments and care plans must be done by a Registered Nurse (RN) or, by a Licensed Practical Nurse (LPN), with the RN supervisor co-signing the assessments, reassessments and care plans.

- The Agency shall prepare an Individualized Care Plan for the client. The Plan must identify those services to be provided to the client while the caregiver is relieved. The caregiver must play an integral role in the development of the care plan to ensure that the hours of service provided meet the needs of the caregiver. The client's concerns and desires should be considered in the development of the plan.

- Clients must be reassessed every three (3) months to determine if services currently provided through the program continue to meet the needs of the client; and, to revise the plan of care, as necessary. Any observed changes must be immediately noted in the client plan of care.

- A caregiver assessment must be completed at the initial interview and every 90 days thereafter. These written assessments of the **caregiver's needs** should become part of the client's permanent case file, and be available for review during monitoring or other auditing sessions. Caregiver assessments should be detailed and thorough, with adjustments in service hours where applicable, to ensure the caregiver's needs remain the primary focus and are being met to the best of the provider's ability.

- All plans of care and other participant records must be kept in a secure location to protect confidentiality.

- All staff providing the service must be fully trained and professionally qualified, with supplemental training provided as appropriate to handle all the special populations included in this program.

- All staff providing patient care must be in such physical and mental health as to not adversely affect the health of the client or the quality of care he/she receives

- The agency must maintain records and submit reports quarterly or more frequently if requested by DHSS.

## VI. PROHIBITED SERVICE

Respite service may <u>not</u> include any of the following:

- Respite Service provided to persons receiving personal care or adult day services. (Exceptions must receive written approval from Division Contract Manager)
- Nail or foot care of diabetics
- Lawn care, garden care, raking or snow removal
- Assistance with heavy-duty cleaning, furniture moving, or other heavy work

- Financial or legal advice or services, except for referral to qualified agencies or programs
- Laundry for family members other than the eligible individual
- More than 260 hours of respite care per client per contract year.

## VII. WAITING LISTS

When the demand for a service exceeds the ability to provide the service, a waiting list is required. Applicants will be placed on the waiting list until services can be provided, or until the applicant no longer desires services. The waiting list must be managed in accordance with DSAAPD policy X-I-4, Client Service Waiting Lists.

The service provider's guidelines for prioritizing clients on the waiting list must be in writing and available for review. In addition to any other client priorities listed in the service specifications, these guidelines may include, as appropriate:

- Danger or risk of losing support systems, especially living settings or supports necessary for self-maintenance
- Risk of institutionalization
- Significant risk of abuse or neglect
- Basic health, safety and welfare needs not being met through current supports
- Risk of functional loss without intervention or ongoing skill maintenance services
- Exhibition of behavior that presents a significant risk of harm to self or others
- Compatibility with available services.

In each case, the reason for the selection of an individual ahead of others on the waiting list must be documented (e.g. in writing and available for review).

## VIII. TYPE OF CONTRACT: Unit Cost/Fixed Reimbursement Rate.

## IX. METHOD OF PAYMENT

DSAAPD will reimburse the rate for each hour and/or day of eligible service based upon receipt of an invoice within ten (10) calendar days after the end of each month. Contractors, at their discretion, may bill more frequently. The minimum acceptable billing period is biweekly, with the exception of periods at the beginning or end of the contract year.

**METHOD OF PAYMENT** (cont.)

Each itemized invoice submitted for reimbursement must contain the following information in order to qualify for reimbursement:

1. Client names
2. Number of Hours and/or Days per Client
3. Hourly and/or Daily Rate
4. Total Cost (2 times 3 above)
5. Subtract participant fees collected this billing period
6. Total amount requested to be reimbursed from DSAAPD funds

## X. REPORTING REQUIREMENTS

A Quarterly Program Report and a Quarterly Financial Report are required and must be received by DSAAPD no later than twenty-one (21) calendar days following the end of the quarter. Each report must contain a live signature (preferably in blue ink) of the official who completed the report. The phone number and the date the report was completed are also required. A final financial report is due to the Division within ninety (90) calendar days after the program end date. Additional information can be found on these reports in the DSAAPD Contract Management Policies and Procedures Manual.

**STATEWIDE RESPITE CARE**
**(A goal sheet must be completed for each program)**

**PLANNED SERVICE UNITS AND PROPOSED OBJECTIVES**

**GRANTEE / AGENCY NAME:**

**PROGRAM NAME:**

| | 1st Qtr | 2nd Qtr | 3rd Qtr | 4th Qtr | Total |
|---|---|---|---|---|---|
| | | | | | |
| Number of Respite Aide Direct Hours | | | | | |
| Number of Daily Units of Service | | | | | |
| Number of Units of Institutional Service | | | | | |
| Unduplicated Number of Clients Served | | | | | |
| Number of New Client Assessments | | | | | |
| Number of Client Reassessments | | | | | |
| Number of New Care Plans Developed | | | | | |
| Number of New Caregiver Assessments | | | | | |
| Number of Caregiver Reassessments | | | | | |
| Number of Referrals to Other Services | | | | | |
| Number of Information-Assistance Events | | | | | |

**NOTE:** The above projections (goals) are compared with actual statistics on the Service Objectives Status Form, which is Page 2 of the Quarterly Program Performance Report.